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**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 20-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Submission Form
- 3) Approved SPA Reviewable Units

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

June 02, 2020

Donna Frescatore  
Medicaid Director  
Department of Health  
99 Washington Ave.  
Albany, NY 12210

Re: Approval of State Plan Amendment NY-20-0009

Dear Donna Frescatore:

On March 27, 2020, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-20-0009 to revise the Medically Needy income levels.

We approve New York State Plan Amendment (SPA) NY-20-0009 on June 02, 2020 with an effective date(s) of January 01, 2020.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Maria Tabakov at [maria.tabakov@cms.hhs.gov](mailto:maria.tabakov@cms.hhs.gov).

Sincerely,  
James G. Scott  
Director, Division of Program  
Operations  
Center for Medicaid & CHIP  
Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

### Package Header

<b>Package ID</b>	NY2020MS0001O	<b>SPA ID</b>	NY-20-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/27/2020
<b>Approval Date</b>	6/2/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** NY-20-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	1/1/2020	NY-19-0009
Medically Needy Resource Level	1/1/2020	NY-19-0009
Optional Eligibility Groups	1/1/2020	NY-19-0009

## Submission - Summary

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### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment revises the Medically Needy income levels, effective January 1, 2020. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard for a household of 2, etc.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$14861066
Second	2021	\$46564673

#### Federal Statute / Regulation Citation

1902(a)(10)(C)(i)(III) of the Social Security Act

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">FMG Fiscal Doc (20-0009)</a>	2/18/2020 9:04 AM EST	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

### Package Header

**Package ID** NY2020MS0001O

**SPA ID** NY-20-0009

**Submission Type** Official

**Initial Submission Date** 3/27/2020

**Approval Date** 6/2/2020

**Effective Date** N/A

**Superseded SPA ID** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

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	System-Derived		

#### A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

- Yes  
 No

3. The level used is:

Household size	Standard
1	\$10500.00
2	\$15400.00
3	\$17710.00
4	\$20020.00
5	\$22330.00
6	\$24640.00
7	\$26950.00
8	\$29260.00
9	\$31570.00
10	\$33880.00

**The state uses an additional incremental amount for larger household sizes.**

- Yes  
 No

**Incremental Amount:**

\$2310.00

**The dollar amounts increase automatically each year**

- Yes  
 No

# Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

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## B. Basis for Income Level

### 1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

### 2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

## Medically Needy Income Level

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### C. Additional Information (optional)

The income levels used by the State and listed in this State Plan Reviewable Unit are annual income amount.

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Resource Level

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#### A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

# Medically Needy Resource Level

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## B. Resource Level Used

The level used is:

Household size	Standard
2	\$23100.00
1	\$15750.00

The state uses an additional incremental amount for larger household sizes.

- Yes  
 No

# Medically Needy Resource Level

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## C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

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### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes  No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

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## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

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### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.